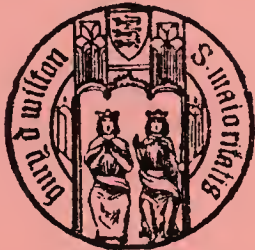


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BOROUGH OF WILTON

*Annual Report of the  
Medical Officer of Health  
for the Year 1955*



# ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH

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*To the Mayor, Aldermen and Councillors of the Borough of Wilton*

I have the honour to present the Annual Report of the Medical Officer of Health, incorporating the report of the Sanitary Inspector, for the year 1955.

I wish to record my appreciation of the kindly assistance and co-operation of the staff of the Municipal Offices and of other colleagues.

I have the honour to be,

Your obedient Servant,

F. JOHN G. LISHMAN,

*Medical Officer of Health.*



## INTRODUCTORY SUMMARY

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Attention is drawn to the following sections of the Report.

### **A. In the Vital Statistics Section.**


- (1) The sustained low death rate in the Borough (9·6 adjusted).
- (2) The normal Infant Mortality Rate (24·4 per 1,000 live births) in contrast to the high Infant Mortality Rate last year (83·3), thus illustrating the big element of chance which applies to such rates when the numbers concerned (e.g. the number of live births) are small, and each death makes a very big increase in the Infant Mortality Rate per 1,000 live births.
- (3) The "nil" Maternal Mortality Rate.
- (4) The low Tuberculosis Mortality Rate.

### **B. In the Communicable Disease Section.**

- (1) The absence of notified communicable disease during the year except 85 cases of measles, 3 of Tuberculosis, 1 of Puerperal Pyrexia, and 1 of Typhoid Fever imported from abroad.
- (2) The need for more, and earlier, diphtheria and smallpox immunisation of children.

### **C. Environmental Public Health and Food Hygiene.**

- (1) The satisfactory quality of the Borough's water supply.
- (2) The unsatisfactory but improved condition of some of the Borough's old sewers, in which leaks, permitting inflow of subsoil water, have been discovered and rectified, but which still, at the end of the year, show on test that much subsoil water still penetrates the sewers.
- (3) The great need for more housing accommodation, as is also the case in the surrounding Rural District. The completion by the Council of the building of tall blocks of flats of attractive design, is to be commended, as probably the best way to provide more accommodation while conserving fertile land capable of food production.
- (4) The coming into operation at the end of the year of the Food Hygiene Regulations 1955.



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## STAFF OF THE PUBLIC HEALTH DEPARTMENT

Medical Officer of Health    F. John G. Lishman, M.D. (Hygiene), B.S. (London).  
D.P.H.(London).L.R.C.P., M.R.C.S., D.L.O.(England)  
L.M.C.C. (Canada).

Sanitary Inspector        ...    J. W. Armstrong, M.R.S.I., M.S.I.A.

Clerk                      ...        Miss P. Noble.

The Medical Officer of Health also holds the appointments of Medical Officer of Health for Salisbury and Wilton Rural District and Mere and Tisbury Rural District. Under new arrangements he also acts as Assistant County Medical Officer of Health for the Wiltshire County Council. (A little under one eleventh of the salary for the joint appointment is allocated to the Borough of Wilton).

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## GENERAL STATISTICS

Area of Borough, in acres : 2,681.

Population—1951 Census : 3,054.

Population—Registrar General's Estimate for mid 1955 : 3,180.

Density of Population—people per acre : 1.18.

Number of inhabited houses or flats : 842.

Number of Council houses at the end of the year : 219.

\*Rateable Value : £19,735.

\*Product of a Penny Rate : £79 10s. 9d.

Principal Industries : Carpet Weaving, Felt Manufacture, Agricultural Engineering.

\*As from April 1st, 1956, the Rateable Value of the Borough and the product of a penny rate will be increased to £34,523 and £130 respectively.

## VITAL STATISTICS

TABLE I. BIRTHS AND BIRTHRATE

						Male	Female	Total
Live Births	Legitimate	..	..	..	..	23	18	41
	Illegitimate	..	..	..	..	0	0	0
Total					..	23	18	41
Still Births	Legitimate	..	..	..	..	0	1	1
	Illegitimate	..	..	..	..	0	0	0
Total					..	0	1	1
Crude Live Birth Rate per 1,000 population					..	..	..	13.4
Registrar General's "Comparability Factor" for births (to compensate for age and sex distribution of the local population, so that the rate may be compared with national and similarly adjusted local rates)					..	..	..	0.95
Birth Rate as "Adjusted" by comparability Factor					..	..	..	12.8

**Comment :** The adjusted Birth Rate shows a fall from 14.9 in 1954, but an increase over that for 1953 (11.0)

The National Birth Rate for England and Wales was .. .. 15.5

The previous year's Wiltshire County Birth Rate was .. .. 17.3

It is satisfactory to record that there were no illegitimate live or still births, and only one legitimate still birth.

TABLE II. DEATHS AND DEATH RATES

						Male	Female	Total
Number of Deaths					..	22	9	31
Crude Death Rate, per 1,000 population					..	..	..	9.8
Registrar General's Comparability Factor for deaths					..	..	..	0.98
(This indicates that the age distribution of the population is only very slightly more elderly than that for England and Wales)					..	..	..	..
Death Rate as adjusted by Comparability Factor					..	..	..	9.6
Death Rate for England and Wales, for comparison					..	..	..	11.7

**Comment :** The crude "adjusted" death rates for the Borough continue to compare favourably with the National Rate.

### Natural Increase

Increase of births over deaths during the year	..	..	..	..	..	10.0
Rate of Natural Increase per 1,000 population	..	..	..	..	..	31.4



TABLE III. INFANT MORTALITY

**A. Infant Deaths.**

				Male	Female	Total
1. Under one year old—Legitimate	..	..	..	1	0	1
Illegitimate	..	..	..	0	0	0
Total	..	..	..	1	0	1
2. Under four weeks old—Legitimate	..	..	..	1	0	1
Illegitimate	..	..	..	0	0	0
Total	..	..	..	1	0	1

**B. Infant Mortality Rates** (per 1,000 live births)

General Infant Mortality Rate (under one year old)	..	..	..	24.4
Neonatal „ „ „ (under four weeks old)	..	..	..	24.4
General Infant Mortality Rate, England and Wales, for comparison	..	..	..	24.9

**Previous year, for comparison**

General Infant Mortality Rate, Wilton	..	..	..	83.3
General Infant Mortality Rate, England and Wales	..	..	..	25.5
General Infant Mortality Rate, Wiltshire	..	..	..	24.9

**Comment on Table III.**

In 1953 the Borough had an Infant Mortality Rate of Nil, last year it was 83.3 per 1,000 live births. As pointed out in last year's report, with such a small population and small number of births, each infant death that occurs causes a disproportionately large increase in the annual Infant Mortality Rate, when computed on the basis of 1,000 live births, and big annual fluctuations must be expected in a Borough of this size. This year's rate of 24.4, due to the death of only one infant, is average for the country. This death was of an infant under four weeks old, so that the neo-natal death rate is also 24.4.

TABLE IV. CERTAIN OTHER "SPECIFIC" DEATH RATES OF INVERSE "HEALTH INDEX" INTEREST (Rates per 1,000 population, except for Maternal Mortality Rate)

(1) Deaths due to tuberculosis (all forms) (both sexes)	..	..	..	1
Tuberculosis Death Rate	..	..	..	0.32
Previous year, England and Wales for comparison	..	..	..	0.17
(2) Maternal Deaths (Due to Pregnancy, Childbirth or Abortion)	..	..	..	0
Maternal Mortality Rate—per 1,000 live and still births	..	..	..	0
Previous year, England and Wales for comparison	..	..	..	0.7
(3) Deaths from Cancer and related malignant diseases	..	..	..	8
Cancer Death Rate	..	..	..	2.5
(4) Deaths from Heart Disease and other diseases of the circulatory system	..	..	..	16
Specific death rate from circulatory system diseases	..	..	..	5.1
(5) Deaths from Suicide	..	..	..	0
Death Rate	..	..	..	0
(6) Deaths from Motor Vehicle Accidents	..	..	..	0
Death Rate	..	..	..	0

# COMMENT ON TABLE IV.

These index rates must be regarded as very satisfactory, despite the small population figures from which they are calculated. The rate for "heart disease and other diseases of the circulatory system" constitutes over half the total death rate of the Borough, and the Cancer rate shows a rise to over one quarter. Owing to the one death from Tuberculosis the death rate from this "index" condition shows a rise, but it is pleasing to note the "nil" rates from suicide and motor vehicle accidents. Incidentally, there is a very active "Road Safety Committee" operating in Wilton. with representatives on if from the Borough Council.

## ANALYSIS OF DEATH BY CAUSE

The Registrar General provides for each district each year an analysis of deaths, according to cause, broken down into thirty-six disease headings. These headings lend themselves to "grouping" the causes of death together into "families" or "types" of disease related to each other, study of the trends in which may be of interest or value in regard to the particular population concerned. Advantage has therefore been taken of this opportunity to break down the Registrar General's annual table for this Borough into seven such groups, labelled "A" to "G", as set out on Table V.

TABLE V. ANALYSIS OF CAUSES OF DEATH

Group A—Certain Communicable Diseases					Male	Female	Total	Rate per 1,000
1.	Tuberculosis—Respiratory	..	..	..	1	0	1	0.32
2.	Tuberculosis—Other	..	..	..	0	0	0	0
3.	Syphilitic Disease	..	..	..	0	0	0	0
4.	Diphtheria	..	..	..	0	0	0	0
5.	Whooping Cough	..	..	..	0	0	0	0
6.	Meningococcal Infections	..	..	..	0	0	0	0
7.	Poliomyelitis	..	..	..	0	0	0	0
8.	Measles	..	..	..	0	0	0	0
9.	Other Infectious and Parasitic Diseases (Except Influenza and Pneumonia)	..	..	..	0	0	0	0
Total Group A					1	0	1	0.32
Group B—Cancer and related malignant diseases								
10.	Malignant Neoplasm—Stomach	..	..	..	2	0	2	
11.	—Lung or Bronchus	..	..	..	2	0	2	
12.	—Breast	..	..	..	0	0	0	
13.	—Uterus	..	..	..	0	0	0	
14.	Other Malignant or Lymphatic Neoplasm	..	..	..	3	1	4	
15.	Leukaemia or Aluekaemia	..	..	..	0	0	0	
Total Group B					7	1	8	2.5
Group C—16 Diabetes					0	0	0	0.0



Group D—Heart and other Diseases of Circulatory System					Male	Female	Total	Rate per 1,000
17. Vascular Lesions of Nervous System	..	..	..	..	4	0	4	
18. Coronary Disease or Angina	..	..	..	..	0	3	3	
19. Hypertension with Heart Disease	..	..	..	..	0	0	0	
20. Other Heart Diseases	..	..	..	..	4	3	7	
21. Other Circulatory Diseases	..	..	..	..	2	0	2	
Total Group D					10	6	16	5.1

Group E—Respiratory Diseases (other than tuberculosis)					Male	Female	Total	Rate per 1,000
22. Influenza	..	..	..	..	0	1	1	
23. Pneumonia	..	..	..	..	1	0	1	
24. Bronchitis	..	..	..	..	0	0	0	
25. Other Diseases of Respiratory System	..	..	..	..	0	0	0	
Total Group E					1	1	2	0.63

Group F—(Miscellaneous)					Male	Female	Total	Rate per 1,000
26. Ulcer of Stomach and Duodenum	..	..	..	..	1	0	1	
27. Gastritis, Enteritis and Diarrhoea	..	..	..	..	0	0	0	
28. Nephritis and Nephrosis	..	..	..	..	0	0	0	
29. Hyperplasia of prostate	..	..	..	..	0	0	0	
30. Pregnancy, Childbirth, Abortion	..	..	..	..	0	0	0	
31. Congenital Malformation	..	..	..	..	0	0	0	
32. Other Defined and Ill-Defined Diseases	..	..	..	..	2	0	2	
Total Group F					3	0	3	0.95

#### Group G—Accidents and Violence

33. Motor Vehicle Accidents	..	..	..	..	0	0	0	
34. All other Accidents	..	..	..	..	0	0	0	
35. Suicide	..	..	..	..	0	0	0	
36. Homicide and operations of War	..	..	..	..	0	0	0	
Total Group G					0	0	0	0.0
37. All Causes	..	..	..	..	22	9	31	9.8

## COMMUNICABLE DISEASES.

### A. Prevention of Communicable Diseases.

The measure of the extent to which people are immunised against communicable diseases in a district is becoming one of the pointers towards health of the community. "Artificial" immunisation against certain diseases amenable to prevention or attenuation by this method is now available for a number of communicable diseases. The longest established, and so far, most proven successful and lasting, artificial immunisations are those against smallpox and diphtheria. For Wiltshire, the Wiltshire County Council, as Local Health Authority under the National Health Service, operates in this district a scheme, mainly for babies, pre-school and school children, but available also for other ages. Smallpox immunisations are done by the "Family Doctors" under the National Health Service, for the County Council, and Diphtheria immunisation either by the "Family Doctors" or by the County Council's Medical Health Officers at Welfare Clinics or at specially held immunisation clinics, usually arranged at schools. Whooping cough and tetanus protection was, during 1955, available only through the family doctors, but whooping cough protection became available through the County Council clinics at the end of the year. In this area all the immunisations are carried out by Doctors, the practice of employing public health nurses (health visitors or especially experienced nurses) in this work not yet having been adopted.

Immunisation against Poliomyelitis is to be begun on a restricted scale in 1956.

I am indebted to Dr. C. D. L. Lycett, County Medical Officer of Health for Wiltshire, for the following figures concerning artificial immunisation work carried out during the year, against diphtheria and against smallpox, in Wilton.

TABLE VI. IMMUNISATION STATISTICS

#### Diphtheria

Age Group	Under 1	1	2	3	4	5-9	10-14	Total under 15
Primary imms. completed ..	14	14				6		34
Reinf. inj. administered ..						51		51
Total immunised child population 31st December, 1955 ..	2	30	19	21	35	44* 163†	56* 97†	467

\* Immunised before 1.1.51 and not since.

† immunised after 1.6.51.

#### Smallpox

Age Group	Under 1	1	2-4	5-14	15 or over
"Vaccinations" ..	20	0	3	1	2
Re-"vaccinations" ..	0	0	0	2	9



#### COMMENT :

In this country in a population of average age distribution and average birth and death rates about 1/5th of the population will be under 15 (aged—0—14) years old. Wilton's birth rate is about average; the death rate is below the national death rate, but it is reasonable to assume that there are about 600 children under 15 in the Borough, so the figure of 467 children under 14 who at some period of their lives have been immunised against Diphtheria is fair, though it should be nearer the 100%. Too few of the children are being immunised early enough however. Only 14 children had these injections completed before they were one year old, and only 20 children under 5 had primary protection, during the year. The advent and increasing popularity of whooping cough immunisation combined with diphtheria and sometimes tetanus immunisations is resulting in earlier protection against diphtheria, since to be of maximum value in very early life, when whooping cough is most dangerous, the immunisation should be begun when the child is about three months old.

**Table VI** also shows a rather poor position for smallpox immunisations (so called "Vaccinations") for only 20 children under one year were "vaccinated", and the total vaccinations and re-vaccinations added together for all other ages, only amounted to another 18. However, this is a little better than last year. In these times, when the speed of air travel allows people infected with smallpox abroad to keep well on the journey but develop the disease after arrival in this country, instead of on a ship, the low level of protection against smallpox in this Borough is disturbing. It could be less so if the same requirements in regard to immunisation against smallpox, before making the journey, as applied before entry into most countries, were put into force for entry into Great Britain.

Although a fair amount of immunisation against whooping cough is known to be done by the Family Doctors, outside the scope of the County Council schemes, usually combined with Diphtheria, and sometimes also tetanus, protection, statistics for this work are not at present available for the Borough.

#### **B. Incidence of Communicable Diseases.**

The communicable diseases for which statistics are available comprises these diseases which are compulsorily "notifiable", under the Public Health Act, 1936, or the various Regulations which are operative. A proportion of these notifiable diseases does not get notified because although legally the head of the family is responsible for notifying the Medical Officer of Health, in practice notification is rarely made unless a doctor attends, and he then makes the notification.

The incidence of notifiable communicable diseases in the Borough during the year is shown in Table VII.

The layout of this table, in extended form, is designed to co-ordinate with that for the tables for the Salisbury and Wilton Rural District and the Mere and Tisbury Rural District, for which I am also Medical Officer of Health, and facilitates record keeping from year to year, but for Wilton, fortunately, the figures for 1955 are nil for all the notifiable diseases except Tuberculosis (3), Measles (85), Puerperal Pyrexia (1), Typhoid Fever (1). This case of Typhoid Fever, although occurring in a Wilton schoolgirl, was contracted abroad, on holiday. She was brought back to Wilton by air as the diagnosis, at the place where she had been staying, had not been made. The diagnosis was settled as soon as she came back, and she was treated in the Communicable Diseases Section of Odstock Hospital, where she made a quick and uneventful recovery. The girl subsequently passed her grammar school entry examination with ease.

TABLE VII. NOTIFIABLE DISEASES NOTIFIED DURING THE YEAR

	(sub)	(main disease)	Group Total
<b>1. Tuberculosis</b>			
(a) Respiratory .. .. .	3		
(b) Meninges and nervous system .. .. .	0		
(c) Other Forms .. .. .	0		
(d) Group Total.. .. .		3	3
<b>2. Other Respiratory Notifiable Diseases</b>			
(a) Whooping Cough .. .. .		0	
(b) Pneumonia, Acute .. .. .		0	
(c) Group Total .. .. .			0
<b>3. Diphtheria</b> .. .. .	0	0	0
<b>4. Meningococcal Infection</b> .. .. .	0	0	0
<b>5. Virus Diseases of Nervous System</b>			
(a) Poliomyelitis—Paralytic .. .. .	0		
(b) Poliomyelitis—Non Paralytic .. .. .	0		
(c) Total .. .. .	0	0	
(d) Encephalitis—Infective .. .. .	0		
(e) —(Post Infectious) .. .. .	0		
(f) Total .. .. .		0	
(g) Group Total.. .. .			0
<b>6. Other Notifiable Virus Diseases</b>			
(a) Measles (excluding Rubella) .. .. .		85	
(b) Smallpox .. .. .		0	
(c) Group Total.. .. .			85
<b>7. Alimentary Infections or Poisons</b>			
(a) Dysentery—Bacterial .. .. .	0		
(b) —Other .. .. .	0		
(c) Total .. .. .		0	
(d) Typhoid Fever .. .. .	0	1	
(e) Paratyphoid Fever .. .. .		0	
(f) Food Poisoning .. .. .		0	
(g) Group Total.. .. .			1
<b>8. Streptococcal Group</b>			
(a) Scarlet Fever .. .. .		0	
(b) Erysipelas .. .. .		0	
(c) Group Total.. .. .			0
<b>9. Miscellaneous Groups</b>			
(a) Puerperal Pyrexia .. .. .		1	
(b) Ophthalmia Neonatorum .. .. .		0	
(c) Other Notifiable Diseases .. .. .		0	
(d) Group Total.. .. .			1
<b>10. All "Notifiable Diseases" Total</b> .. .. .			90

*Footnote* — It is important to note that certain common communicable diseases such as influenza and mumps are not generally "Notifiable" and therefore cannot be included in this table, in which are recorded only those cases of diseases which are notifiable and are actually notified. Also, not all cases of notifiable diseases can be included, for many minor cases may never have a doctor called to them and therefore do not get notified to the Medical Officer of Health. It is likely that a number of mild cases of whooping cough, for example, may occur but not be notified.



## TABLE VIIA—FOOD POISONING.

Table VIIa is a copy of the Annual Return to the Ministry of Health of Food Poisoning Cases notified.

### 1. Notifications.

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Year
0	0	0	0	0

### 2. "Outbreaks" due to identified Causes. Total outbreaks—0. Total Cases—0.

Outbreaks due to	No. of outbreaks	No. of Cases
(a) Chemical Poisons .. ..	0	0
(b) Staphylococci (including toxin) ..	0	0
(c) Salmonella Organisms ..	0	0
(d) Clostridium Botulinum ..	0	0
(e) Other Bacteria .. ..	0	0

### 3. "Outbreaks" due to undiscovered causes. Total outbreaks—0. Total cases—0

### 4. Isolated (Single) Cases, not grouped in "outbreaks"

Agent identified — 0. Unknown cause — 0. Total — 0.

## PERSONAL HEALTH SERVICES

Apart from the general medical, dental, specialist and hospital services of the National Health Service, the other "personal" health services for the Borough are operated by the Wiltshire County Council. Among these are the Health Visiting Service, Midwifery Service, Home Nursing Service, Home Help Service, Ambulance Service, the Child Welfare Clinics and the School Health Service with its specialised appendages such as Speech Therapy and Child Guidance Clinics. The County Council are also responsible for the Mental Health Service (outside hospitals) and the "Care and after-care" service, which is largely concerned with tuberculous people, their families and other contacts.

Your Medical Officer of Health spends nearly half his time working for the County Council, principally with the School Health Service, also at the Child Welfare Centres, at Immunisation Clinics and examining handicapped children and mental health patients in their homes. The Wilton Child Welfare Centre is however conducted by Dr. S. C. H. Lane in his own premises. For further information in regard to these services reference should be made to the Annual Reports of the Principal School Medical Officer and the County Medical Officer of Health for Wiltshire.

## HANDICAPPED CHILDREN

The care, and special educational needs, of handicapped children also come under the School Health Service, and your Medical Officer of Health, acting for the Wiltshire County Council, examines and advises on such children, of which mentally handicapped ones are much the most numerous.

## SCHOOL PREMISES

The hygiene of School Premises, as of most other buildings, concerns the Local Sanitary Authority, as well as the Education Authority, and school premises are inspected by your Medical Officer of Health in his capacity as such, and also as School Medical Officer.

During the year recommendations were made for certain improvements at the Wilton Primary and Secondary Modern Schools. Improvements to the dishwashing arrangements for School Meals at the Primary school are urgently necessary, and the provisions of the Food Hygiene Regulations, 1955, makes these mandatory.

## HANDICAPPED ADULTS AND OLD PEOPLE.

The care of handicapped adults, including the blind and deaf, and of old people, also comes under the County Council Services. But the Local Authority has also powers (under the National Assistance Act, 1948, and the National Assistance Amendment Act, 1951) concerning old people needing care and attention, and either chronically ill or living in insanitary conditions. Removal to an Institution can be enforced under an order of a Court, or of a single Justice. The Medical Officer of Health sees such cases, but in the Borough only one such case came to attention, and in her case conditions did not justify compulsory removal from home. Subsequently the old lady made arrangements to move permanently to a nursing home in Salisbury.



## **Environmental Public Health, and Food.**

This is probably the most important of the various factors which influence public health.

Human health is still greatly influenced by the environment, and the extent to which man can adapt this to suit his needs. Health is also largely dependent upon the quantity and quality of food supplies. Fundamental to good health are such influences as housing, water supply, safe (and preferably, not wasteful) disposal of human body wastes (drainage, sewerage etc.), refuse collection and disposal, control of flies, vermin and other insects, mice, rats and other pests, quantity, quality and freedom from adulteration or infection of food supplies, including especially milk, and such universal and basic foods as bread and meat. Food hygiene concerns not only the home but also places where food and drink are prepared and/or consumed outside, including school and other canteens, and public restaurants, hotels and public houses.

These matters are reported upon in detail in the report of your Sanitary Inspector, Mr. J. Armstrong, which is incorporated in this Annual Report. Brief comments on the following matters are however made in this section of the Report.

### **A. Housing**

Within the scope of geography, climate and type of locality (e.g. agricultural versus industrial or metropolitan areas) probably no other single environmental influence is as important to mental and physical health as good housing. Bad housing, or lack of housing accommodation, overcrowding of sleeping or day rooms, living with "in-laws", adjacent to noisy neighbours, etc., so often seem to be at the back of people's health problems, much of which could be alleviated if their housing problems could be solved by, or for, more people. The extent of the housing problem cannot be measured only by the size of the local Authority's waiting list of applicants for Council Houses or flats. Not all people living in unsuitable "accommodation" apply for Council Houses. But in December 1954 there were 216 applications on the waiting list.

The Council have now accepted the principle of making "Improvement Grants" for the improvement of sub-standard houses, under the Housing Act, 1949. Eight applications, for 10 houses, were received, and 6 grants, for 6 houses, were made by the end of the year. This is a valuable method of preventing the loss of saveable property by slum clearance, and saves some expense in the provision of new Council Houses or Apartments.

### **B. Water Supply**

The Borough's water supply, from the prolific well source at Water Ditchampton, has been of consistently good quality, and during the year was only given minimum chlorination. At the time of writing this report however the question of quantity, for supplying imminent housing development, public and private, on the southern fringe of the Borough, and the means of piping the water from the present source or from a proposed additional (borehole) source further South, was under consideration. The fluoride content of the water, because of its importance as a means of strengthening young, growing teeth against the onslaught of dental decay, both in early and later life, is also being studied, and the water is being sampled for fluoride analysis periodically. The first sample for fluoride analysis was taken early in February, 1955, with a result of 0.4 parts per million.

### **C. Sewage**

The condition of some of the Borough's old sewers is poor. Sub-soil water enters through leaks and greatly swells the volume of sewage, causing difficulty at the Salisbury



City Sewage Works, which receive and treat the sewage. Your Sanitary Inspector, Mr. Armstrong, and his assistants, have spent a great deal of time, sometimes at night, over the last year, carrying out tests to discover the leaks, and have found several large leaks due to defective laying and jointing of the old sewers; and by the end of the year, tests showed less infiltration into the sewers when the level of subsoil water is high. Much work still remains to be done however. The terms under which the sewage is received by Salisbury City for treatment are to be reviewed consequent upon the City's embarking on a large new disposal works scheme which will involve scrapping of the old Bemerton pumping station with its delightful, clanking, old machinery. This pumping station handles sewage from the Quidhampton Parish of Salisbury and Wilton Rural District, and it might be desirable for Wilton to consider the alternative of having its own sewage disposal works, either alone or in partnership with the S.&W.R.D.C., for the parish of Quidhampton.

#### **D. Food Hygiene.**

The coming into operation, at the end of the year, of the Food and Drugs Act, 1955, and the Food Hygiene Regulations, 1955, place many new duties and powers on the Council to enforce improved standards of accommodation, equipment, and conduct of food-handling personnel in all food premises and food businesses. The Regulations apply to cafes, restaurants, hotels, public houses (even those serving drinks only), nursing homes, hospitals (none in the Borough) and schools serving meals. They will provide a valuable impetus to more hygienic preparation and serving of food, dish and utensil washing, but will need considerable time from the Staff to supervise.

#### **E. Recreation.**

Work is proceeding with the new Playing Field Pavilion and when ready next year this should be a great health asset to the Borough. A swimming pool would be an asset to health and amenity, and it is hoped that it may be possible to provide one, perhaps by using a stretch of the river Wylye beside the Playing Field.

F. JOHN G. LISHMAN,

19th July, 1956.



*Annual Report of  
The Sanitary Inspector  
for the year 1955*

## **HOUSING.**

The Grovely Down Estate was completed during the year by the erection of 4 further houses. 17 of the flats at Churchill Court were completed and occupied, and in addition 1 private house.

The Housing Statistics Report is appended.

## **NUISANCES**

Number of Statutory Notices served during the year .. .. Nil

## **WATER SUPPLY.**

The water supply, which is obtained from a shallow well, situated at Water Ditchampton, proved adequate to meet all demands during the year. Over a period of four weeks during the months of October/November, owing to the abnormally low water pumping level, it was necessary to reduce the output of the pumps and pump 24 hours of the day. The supply is treated by the Chloramine process in the rising main at the pumping station.

Of the 842 houses, 816 have a piped supply from the public mains, 18 have a piped supply from the Wilton Estate, and 5 have a piped supply from two wells, and in three cases water is obtained from a well, all of which were adequate during the year.

### **Bacteriological Analysis of water.**

#### **Public Supply.**

Monthly samples were taken of water, both before and after treatment. In every case the report was satisfactory.

#### **Private Supplies.**

A report upon one of the wells was unsatisfactory, necessitating boiling of the water.

### **Chemical Analysis of Water (Public Supply).**

One sample was taken for chemical analysis and the report was satisfactory.

## **SEWERAGE AND SEWAGE DISPOSAL.**

All the houses within the built up area of the Borough are now connected to the sewage system, which discharges into sewers of Salisbury City who accept and treat the effluent at their works.

Repairs were carried out to the defective lengths of sewers which had previously been located. In each case the defect was due to faulty jointing when the sewer was laid. Tests still show considerable infiltration during high subsoil water level periods.

## **REFUSE COLLECTION AND DISPOSAL.**

There is a weekly collection of refuse from all houses in the Borough, undertaken by a private contractor. Very few complaints are received as to the manner in which the work is carried out.

**Disposal.** All refuse is deposited at the Salisbury City dump.



## RODENT AND PEST CONTROL.

Regular surveys of properties and investigation of all complaints by the Rodent Operator produces excellent results. Very few complaints were received during the year and the Rodent Operator has carried out surveys of possible areas of infestation, but in only a few cases were minor infestations located.

Briefly the work carried out was as follows :—

	Domestic Premises	Farms	Business Premises
Number of properties surveyed .. ..	130	6	7
Treatments carried out .. ..	22	—	1

The annual sewer test was not quite so successful, there being slight evidence of infestation in one lenth which was found to connect with a disused hostel ; the water seals in the gully traps had evaporated and the gratings had been removed.

**Flies.** It was necessary to fumigate the roof space of two houses to exterminate the excessive number of house flies which were hibernating for the winter.

## INSPECTION AND SUPERVISION OF FOOD.

### a. MEAT AT SLAUGHTERHOUSES.

One premises was licensed but no slaughtering has taken place.

### b. MILK SUPPLY.

No complaints from consumers have been received. The bottles inspected were quite satisfactory. All of the milk sold is pasteurised, with three retailers serving the area.

Following are the various licensees :—

Premises used as a dairy .. ..	0
Persons registered as distributors of raw milk .. ..	0
Persons registered as distributors of designated raw milk	0
Persons registered as distributors of pasteurised milk ..	3

### c. ICE CREAM.

Number of premises registered for the sale of ice cream .. 13

There are no ice cream factories in the area.

### d. FOOD PREPARING PREMISES.

These premises have been visited, and in one case a complete modernisation has been carried out. Several other improvements have been made.

## PUBLIC HEALTH AMENDMENT ACT, 1907.

One premises registered as a dealer in old metals and marine stores.

# **FACTORIES ACT, 1937 AND 1948**

## **Part 1 of the Act.**

### **A. FACTORIES.**

<b>Inspections</b>		No. on Register	No. of Inspections	No. of Written Notices	Occupiers Prosecuted
Premises					
Factories in which Sections 1, 2, 3, 4, 6 and 7 are to be enforced by Local Authorities .. .. .		2	2	—	—
(Factories without mechanical power)					
Factories not included in 1 in which only Section 7 (Sanitary conveniences) is enforced by the Local Authority		19	14	1	—
(Factories with mechanical power)					
Other Premises in which Section 7 is enforced by the Local Authority (ex- cluding outworker's premises) ..		—	—	—	—
<b>Total .. ..</b>		<b>21</b>	<b>16</b>	<b>1</b>	<b>—</b>

### **Cases in which Defects were Found**

Particulars.	Number of cases in which defects were found				No. of cases in which prosecutions were instituted
	Found	Remedied	Referred to H.M. Inspector	by H.M. Inspector	
Want of cleanliness ..	1	1	—	—	—
Overcrowding .. ..	—	—	—	—	—
Inadequate Ventilation ..	—	—	—	—	—
Ineffective drainage of floors	—	—	—	—	—
Sanitary Conveniences					
(a) Insufficient ..	—	—	—	—	—
(b) Unsuitable or de- fective .. ..	—	—	—	—	—
(c) No separate for sexes	—	—	—	—	—
Other offences against the Act	—	—	—	—	—
<b>Total .. ..</b>	<b>1</b>	<b>1</b>			

### **Outworkers**

Nature of Work		Section 110 No. of outworkers in August list re- quired by Sect. 110 (1) (c) (3)		No. of cases of default in send- ing lists of the Council		No. of prosecutions for failure to supply lists	
Wearing Apperal							
Making etc. .. ..		0		—		—	
Cleaning and washing .. ..							
<b>Total .. ..</b>		<b>0</b>		<b>—</b>		<b>—</b>	

J. W. ARMSTRONG,  
*Sanitary Inspector & Burough Surveyor.*



## APPENDIX—HOUSING STATISTICS.

HOUSING ACT, 1936.

HOUSING ACT, 1949.

HOUSING REPAIRS AND RENTS ACT, 1954.

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### WILTON BOROUGH.

Total number of permanent dwellings in the Borough	..	..	..	842
Total number of permanent dwellings owned by the Borough	..	..	..	240

#### *Part 1. The Total Problem.*

- |      |   |    |    |    |    |    |
|------|---|----|----|----|----|----|
| (i)  | Estimated number of houses unfit for human habitation within the meaning of section 9 of the Housing Repairs and Rents Act, 1954, and suitable for action under section 11 or section 25 of the Housing Act, 1936 | .. | .. | .. | .. | 34 |
| (ii) | Period in years which the Council think necessary for securing the demolition of all the houses in (i)  | .. | .. | .. | .. | 5  |

#### *Part 2. Orders already made, etc.*

- |       |   |    |    |    |    |      |
|-------|---|----|----|----|----|------|
| (iii) | Number of houses in (i) clearance areas and already covered by operative clearance or compulsory purchase orders or owned by the local authority                                  | .. | .. | .. | .. | None |
| (iv)  | Number of houses which are already in clearance areas and for which clearance or compulsory purchase orders have been submitted to the Minister but have not yet become operative | .. | .. | .. | .. | None |

#### *Part 3. Action in the first five years.*

- |        |   |    |    |    |    |      |
|--------|---|----|----|----|----|------|
| (v)    | Number of houses which are already in clearance areas and for which clearance or compulsory purchase orders are to be made or which are to be purchased by agreement within the next five years   | .. | .. | .. | .. | None |
| (vi)   | Number of houses which are to be included in clearance areas still to be declared and which in the five years will be owned by the local authority or will have been included in a clearance order or a compulsory purchase order submitted to the Minister | .. | .. | .. | .. | None |
| (vii)  | Number of houses under (iii), (iv), (v) and (vi) to be patched (if necessary) and retained within the five years under section 2 of the Housing Repairs and Rents Act, 1954, for temporary accommodation  | .. | .. | .. | .. | None |
| (viii) | Number of houses under (iii), (iv), (v) and (vi) to be demolished in the five years   | .. | .. | .. | .. | None |
| (ix)   | Number of houses (including those already comprised in operative demolition orders) to be demolished in the five years as a result of action under Section 11 of the Housing Act, 1936  | .. | .. | .. | .. | 34   |

	Houses erected during year	Houses in course of erection	Gained from conversion of large houses or buildings into flats or dwellings	Lost from conversion of two or more houses to one
Local Authority ..	21	12	None	None
Private Enterprise ..	2	1	None	3
TOTALS ..	23	13	—	3

Number of Post-War Houses erected from 1st April, 1945, to 31st December, 1954.	
By Local Authority	By Private Enterprise
103	14

Number of temporary housing units occupied, viz. Huts, etc. .. .. 24

**Houses required—**

- (i) To abate overcrowding.. .. . 2
- (ii) To overcome unsatisfactory conditions, e.g. two families living in the same house but not included in (i) .. .. . None
- Total number of applicants for Council Houses at the end of the year .. 210

**Improvement Grants made under the Housing Act, 1949-55.**

Number of applications and houses dealt with by Local Authority :—

	Received		Approved		Rejected		Under consideration		Withdrawn	
	Aps	No. of houses	Aps	No. of houses	Aps	No. of houses	Aps	No. of houses	Aps	No. of houses
31.7.49 to 31.12.54	1	2							1	2
31.12.54 to 31.12.55	7	8	6	6	1	2				
Totals	8	10	6	6	1	2			1	2

**Number of Houses improved as a result of grants—**

	Number of grants made by Local Authority	Cost of grants made	Number of houses improved including new houses brought into use by conversion
31.7.49 to 31.12.54	None		
31.12.54 to 31.12.55	6	£617	6
Totals .. ..	6	£617	6



1.	<i>Inspection of Dwellings during the year</i>	
(i)	Inspected for housing defects under the Public Health Acts ..	13
(ii)	Inspected for housing defects under the Housing Acts ..	146
(iii)	Number of dwellings found so dangerous or injurious to health as to be unfit for human habitation .. .. .	34
(iv)	Number of dwellings found not to be in all respects reasonably fit for human habitation .. .. .	43
2.	<i>Remedy of defects by Informal Action</i>	
	Number of dwellings rendered fit in consequence of informal action .. .. .	6
3.	<i>Action under Statutory Powers (Public Health and Housing Acts)</i>	
A	<i>Proceedings under Sections 9, 10 and 16, Housing Act, 1936.</i>	
(i)	Number of dwellings in respect of which notices were served requiring defects to be remedied .. .. .	6
(ii)	Number of dwellings rendered fit after service of formal notices :—	
(a)	By owners .. .. .	6
(b)	By Local Authority in default of owners .. .. .	—
B.	<i>Proceedings under Public Health Acts.</i>	
(i)	Number of dwellings in respect of which formal notices were served .. .. .	4
(ii)	Number of dwellings rendered fit after service of formal notices :—	
(a)	By Owners .. .. .	3
(b)	By Local Authority in default of owners .. .. .	—
C.	<i>Proceedings under Sections 11 and 13, Housing Act, 1936.</i>	
(i)	Number of Demolition Orders made .. .. .	None
(ii)	Number of houses demolished as a result of Demolition Orders	None
(iii)	Number of undertakings accepted .. .. .	None
(iv)	Number of undertakings completed .. .. .	None
D.	<i>Proceedings under Sections 25 and 26, Housing Act, 1936.</i>	
(i)	Number of houses in respect of which Demolition Orders were made .. .. .	None
(ii)	Number of houses demolished in pursuance of Demolition Orders .. .. .	None

E. *Proceedings taken under Section 12, Housing Act, 1936.*

- |      |  |    |    |    |      |
|------|--|----|----|----|------|
| (i)  | Number of separate tenements or underground rooms in respect of which closing orders were made   | .. | .. | .. | None |
| (ii) | Number of separate tenements or underground rooms in respect of which closing orders were cancelled as a result of premises having been made fit | .. | .. | .. | None |

4. *Housing Act, 1936, Part iv, Overcrowding.*

- |       |   |       |      |
|-------|---|-------|------|
| (i)   | Number of cases of overcrowded dwellings at end of year | ..    | None |
| (ii)  | Number of cases discovered during the year              | .. .. | 2    |
| (iii) | Number of cases abated during the year                  | .. .. | None |

5. *Local Government (Miscellaneous Provisions) Act, 1953,*

Closing Orders under Section 10(1) for whole houses	..	None
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